Docket No.: PF-0629 USN

Certificate of Mailing

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Printed: Lisa McDill

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hillman et al.

Title:

GTPASE ASSOCIATED PROTEINS

Serial No.:

09/856,679

Filing Date:

May 22, 2001

Examiner:

Steadman, D.

Group Art Unit: 1652

Mail Stop: Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

TECH CENTER 1600/2900

1. Return Receipt Postcard;

- 2. Response to Restriction Requirement (11 pp.);
- 3. Information Disclosure Statement (2 pp.);
- 4. List of References Cited PTO-1449 (1 pg.);
- 5. Five (5) references;
- 6. Associate Power of Attorney (4 pp.); and
- 7. Limited Recognition (1 pg.).

The fee has been calculated as shown below.

| Claims  | Claims After<br>Amendment | - | Claims<br>Previously<br>Paid For | = | Present<br>Extra | Other Than<br>Small Entity<br>Rate Fee |            | Additional<br>Fee(s) |
|---|---------------------------|---|----------------------------------|---|------------------|--|------------|----------------------|
| Total   | 25                        | - | 20                               |   | 5                | х\$18.00                               | 90.00      | \$<br>90.00          |
| Indept.   | 2                         |   | 2                                |   | 0                | x\$84.00                               | 0          | \$<br>0              |
| First Presentation of Multiple Dependent Claims |                           |   |                                  |   |                  | +280.00                                | 0          | \$<br>0              |
|   |                           |   |                                  |   |                  |  | Total Fee: | \$<br>90.00          |

No additional Fee is required.

X Please charge Deposit Account No. 09-0108 in the amount of:

\$ 90.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Customer No.: 27904 3160 Porter Drive

Palo Alto, California 94304

Phone: (650) 855-0555 or Fax: (650) 845-4166

Sharmila Pandharipande

Limited Recognition (37 C.F.R. 10.9 (b)) attached

Direct Dial Telephone: (650) 843-7469

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09/856,679